No. 300
10-48

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6819

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1514

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (In this place) 7 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. John's Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
d. STREET ADDRESS (If rural, give location) 5127 a Page Blvd.

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) c. (Last) Tierney.

4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 1950.

5. SEX: Female
6. COLOR OR RACE: White
7. ~~MARRIED, NEVER MARRIED, WIDOWED~~, DIVORCED (Specify) ?
8. DATE OF BIRTH: May 29 1905.
9. AGE (In years last birthday) 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress
10b. KIND OF BUSINESS OR INDUSTRY Tavern.
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Anthony Glaser
13b. MOTHER'S MAIDEN NAME Ann Kavanaugh
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anne Glaser. 5127a Page Blv'd.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PORTAL CIRRHOSIS (LIVER) — INTERVAL BETWEEN ONSET AND DEATH 2 YEARS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. MYOCARDITIS, CHRONIC

19a. DATE OF OPERATION 2/9/50
19b. MAJOR FINDINGS OF OPERATION PORTAL OBSTRUCTION LIVER CIRRHOSIS, CHRONIC CHOLECYSTITIS.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5810
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 5, 1949, *to* Feb. 14, 1950, *that I last saw the deceased alive on* Feb. 13, 1950, *and that death occurred at* 8 15 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Joseph R. Mueller, M.D.
23b. ADDRESS 1303 N. Kings Highway
23c. DATE SIGNED 2/14/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 1950
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery.
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. FEB 15 1950
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. J. Quinn. 1389 Union Blvd

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Ronald Yahnke

Licensed Embalmer No. 3917

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.